PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) PATRIOTS UNITE PAC PO BOX 684564 ADDRESS (number and street) (Check if address is changed) **AUSTIN** 78768 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS soleary@goberhilgers.com (Check if address is changed) Optional Second E-Mail Address info@patriotsunitepac.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2015 C00577320 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Alex Meade Type or Print Name of Treasurer Alex Meade [Electronically Filed] 05 06 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. **FEC FORM 1** (Revised 06/2012)

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye £
Can	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

EEO Farma 4 (Davida ed O	22/2000)	Da 2
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
PATRIOTS UNI		
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
NONE		
Mailing Address		
	CITY STATE ZII	P CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor
. Custodian of Records: Identi books and records.	tify by name, address (phone number optional) and position of the person in posses	ssion of committee
Shannon C)'Leary	ı
Full Name	PO Box 684564	
Mailing Address		
	Austin , TX , 78768	
	Austin	
Title or Position	CITY STATE ZIF	CODE
Custodian of Records	Telephone number	
3. Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Alex Meade	;	
of Treasurer	UDO Pou 694564	
Mailing Address	PO Box 684564	
	Austin TX 78768	
Title or Position Treasurer	CITY STATE ZIF	CODE
<u> </u>	Telephone number	

FEC FOR	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Shannon O'Leary	
Mailing Address	PO Box 684564	
	Austin	78768
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer 202	2 - 615 - 2353
	r Depositories: List all banks or other depositories in which the committee deposits fur oxes or maintains funds.	nus, noius uccounts, rents
	oxes or maintains funds. Depository, etc.	nas, notas accounts, tents
safety deposit bo Name of Bank, I	oxes or maintains funds. Depository, etc. Wells Fargo Bank NA PO Box 6995	
safety deposit bo	oxes or maintains funds. Depository, etc. Wells Fargo Bank NA PO Box 6995	
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Form/Schedule: F1N Transaction ID:

The original Statement of Organization was filed on May 4, 2015, on paper. As the first SOO to be filed electronically, this SOO is marked as 'New' a required by the FEC Filing software. The original SOO filed on paper did not include pages 2-4 due to an inadvertent error when packaging the SOO for mailing to the Commission. This SOO is filed to provide the complete record for the PAC's registration. Additionally, this SOO adds an additional email address for the PAC and changes the Primary email address.

Form/Schedule: Transaction ID: